

According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## APPLICATION FOR LICENSE (TYPE OR PRINT)

X RENEWAL

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO.  
21-B-0174  
44210

RENEWAL DATE  
16-Nov-2011

FEES

AMOUNT

DATE RECEIVED

\$70.00

28 Dec 2011

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Mallory Hunter  
P.O. Box 132  
Meridale, NY 13806

COUNTY: Delaware TELEPHONE (845) 283-5030

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

10236 St Hwy 28  
Meridale, NY 13806  
County: Delaware

TELEPHONE 845-283-5030

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Mallory Hunter  
P.O. Box 132  
Meridale, NY 13806  
PREVIOUS LICENSE NO. 21-B-0174

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☒ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☒ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☒ L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM				TO			
MO	DAY	YEAR		MO	DAY	YEAR	
0	1	0	1	0	1	0	1

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☒ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Mallory Hunter - Owner	10236 St Hwy 28 Meridale NY 13806

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR  
B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR  
C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)  
D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

13. NAME AND TITLE (Type or Print)

Mallory Hunter - Owner

14. DATE

11/16/11



According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE (TYPE OR PRINT)

X RENEWAL

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO  
21-B-0172  
43963

RENEWAL DATE  
16-Feb-2012

FEES

AMOUNT

DATE RECEIVED

76.700

18 JAN 2012

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Kyle Farms  
P O Box 345  
Avon, NY 14414

COUNTY: Livingston TELEPHONE (585) 202 - 7768

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

2122 Avon-Genesee Rd  
Avon, NY 14414  
County: Livingston

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☒ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru ☐ K - Pet Store ☐ L - Broker  
Zoo

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
0	2	1	6	1	2	0	2	1	5	1	3

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☐ Individual  
☒ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Math Kyle Owner

P.O. Box 345  
Avon, NY 14414

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals) (List  
Species and No.)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

(Date)

13. NAME AND TITLE (Type or Print)

Mathew R Kyle Owner

14. DATE

1-5-12



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☐ NEW LICENSE

# 325993

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

APR 19 2011

LICENSE NO.

RENEWAL DATE

FEES

21-A-0153

16 JUNE 2011

AMOUNT

\$10.00

\$120.00

DATE RECEIVED

19 APR 2011

13 JUNE 2011

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Aaron E. Martin  
Kathy M. Martin  
3407 County House Rd  
Penn Yan NY 14527

COUNTY: Yates

TELEPHONE (315) 536-6049

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

3407 County House Rd  
Penn Yan NY 14527

COUNTY: Yates

TELEPHONE (315) 536-6049

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

N/A

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

N/A

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
04	12	11	04	11	12

8. TYPE OF ORGANIZATION

☒ Partnership ☐ Corporation ☐ Individual  
☐ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Aaron E. Martin  
Kathy M. Martin  
3407 County House Rd  
Penn Yan NY 14527  
315-536-6049

3407 County House Rd  
Penn Yan NY 14527

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

## CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGNATURE

(Signature)

13. NAME AND TITLE (Type or Print) Kathy M. Martin

14. DATE 4-12-11

Aaron E. Martin

4-12-11



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ NEW LICENSE

327006

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.

RENEWAL DATE

FEES

21-A-0157

09-Nov-2012

AMOUNT

\$10.00

\$225.00

DATE RECEIVED

17 Oct 2011

08-Nov-11 VMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Rainbow Creek  
P.O. Box 55  
South Butler, NY 13154

COUNTY: Wayne

TELEPHONE (351) 604-7339

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Rainbow Creek  
3690 St Rte 414  
Clyde, NY 14433

COUNTY: Wayne

TELEPHONE (351) 604-7339

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Lynwood Acres  
P.O. Box 52  
Coke Corners NY 13154

PREVIOUS LICENSE NO.:

21A-0121

4. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
10	16	10	10	16	11

8. TYPE OF ORGANIZATION

☒ Partnership ☐ Corporation ☐ Individual  
☐ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Lyndell Horning owner/partner  
Lissa Horning owner/partner

3690 St Rte 414  
Clyde, NY 14433

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC

OTHER (i.e., farm animals)  
(List Species and No.)

MAMMALS

## CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

13. NAME AND TITLE (Type or Print)

Lissa Horning  
Rainbow Creek owner

14. DATE

10/6/11



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FORM APPROVED CMB NO.: 0579-0036

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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## APPLICATION FOR LICENSE (TYPE OR PRINT)

☒ RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO.	RENEWAL DATE	AMOUNT	FEES	DATE RECEIVED
21-A-0121 28492	3-Oct-2010	\$235.00		21 Oct 2010

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Lissa Horning  
9523 Lyons Marengo Rd  
Clyde, NY 14433

COUNTY: WAYNE TELEPHONE (315) 946-3025

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

9523 Lyons Marengo  
Clyde, NY 14433  
County: WAYNE

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Lissa Horning  
9523 Lyons-Marengo Rd Clyde, NY 14433

PREVIOUS LICENSE NO.: 21A0121

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
1	0	0	3	0	9	1	0	0	2	1	0

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☒ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Lyndell + Lissa Horning  
Lynwood Kennels

9523 Lyons-Marengo Rd.  
Clyde NY 14433

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = % OF LINE 'C'

CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now at hold during the last business year, whichever is greater)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

### CERTIFICATION

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13. NAME AND TITLE (Type or Print)

Lissa Horning, owner

14. DATE

9-5-10



OCT 06 2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0038. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this collection of information.

FORM APPROVED OMB NO. 0579-0038

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

☒ RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO. 21-A-0121  
28492

RENEWAL DATE 3-Oct-2009

FEES  
AMOUNT 235  
DATE RECEIVED 16 OCT 09 MDV

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Lissa Horning  
9523 Lyons Marengo Rd.  
Clyde, NY 14433

COUNTY: WAYNE TELEPHONE (315) 946-3025

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
9523 Lyons Marengo  
Clyde, NY 14433  
County: WAYNE

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE  
☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru ☐ K - Pet Store ☐ L - Broker

8. TYPE OF ORGANIZATION  
☐ Partnership ☐ Corporation ☒ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Lissa Horning Lyndell Horning - owners	9523 Lyons Marengo Rd Clyde, NY 14433

10. DEALER ONLY  
CLASS A (BREEDER) - LINE 'D' = % OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

**CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)  
Lissa Horning owner

14. DATE  
9/23/09



Public reporting burden for this collection of information is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DEC 19 2011

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ NEW LICENSE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.

RENEWAL DATE

FEES

21-A-0158

02 Feb  
2013

AMOUNT

\$10.00

\$225.00

DATE RECEIVED

19 Dec 2011

30 Jan 12 Vmc

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Crestwood Acres  
PO Box 198  
Lyons NY 14489

COUNTY: Wayne

TELEPHONE (315) 923-1233

2. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Loretta Horning  
1376 Clyde Marengo Rd  
Clyde NY 14433

PREVIOUS LICENSE NO.:

21-A-0142

3. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Crestwood Acres  
1376 Clyde Marengo Rd  
Clyde NY 14433

COUNTY:

TELEPHONE (315) 923-1233

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. DATE OF LAST BUSINESS YEAR

FROM

TO

MO

DAY

YEAR

MO

DAY

YEAR

01

04

2012

01

04

2013

6. TYPE OF ORGANIZATION

☐ Partnership☐ Corporation☐ Individual☒ Other (Specify)

Sole Proprietor

8. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Loretta Horning  
Owner

1376 Clyde Marengo Rd  
Clyde NY 14433

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEARTOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEARTOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALSDOLLAR AMOUNT ON WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC

OTHER (i.e., farm animals)  
(List Species and No.)

MAMMALS

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE

Loretta Horning  
owner

11-18-11



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 26 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JAN 07 2011

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
21-A-0142 28451	4-Jan-2011	\$235.00	07 Jan 11 VM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
Loretta Horning  
1376 Clyde Marengo Rd  
Clyde, NY 14433

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1376 Clyde Marengo Rd  
Clyde, NY 14433  
County: WAYNE

COUNTY: WAYNE TELEPHONE (315) - 923 - 1233

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM 1-1-10

12-31-10

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru ☐ K - Pet Store ☐ L - Broker  
Zoo

MO			DAY			YEAR			MO			DAY			YEAR		
0	1	0	1	1	0	1	2	3	1	1	0						

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☒ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

LORETTA HORNING  
1376 CLYDE MARENGO RD.  
CLYDE, NY 14433

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

OGS

RABBITS

ATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

AMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals) (List  
species and No.)

## CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE

APHIS FORM 7000-1  
(JAN 1995)

(Previous editions are obsolete)



License may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ NEW LICENSE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

NOV 23 2009

LICENSE NO.

RENEWAL DATE

FEES

AMOUNT

DATE RECEIVED

21-A-0142

04 Jan 2011

\$ 225.00

23 Dec 09 VMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Loretta Horning  
1376 Clyde Marengo Rd  
Clyde NY 14433

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

1376 Clyde Marengo Rd  
Clyde NY 14433

COUNTY: Wayne

TELEPHONE (315) 923-1233

COUNTY: Wayne

TELEPHONE (315) 923-1233

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Loretta Horning  
1376 Clyde Marengo Rd  
Clyde NY 14433

PREVIOUS LICENSE NO.: 21-A-0090

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

NA

5. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM

TO

MO

DAY

YEAR

MO

DAY

YEAR

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☐ D - Breeder ☒ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☒ Individual  
☐ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Loretta Horning owner

1376 Clyde Marengo Rd  
Clyde NY 14433

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals)  
(List Species and No.)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

2. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE

owner - Loretta Horning

11-18-09



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB  
APPROVED  
0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## APPLICATION FOR LICENSE (TYPE OR PRINT)

### NEW LICENSE

### DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA APHIS Animal Care  
Eastern Region Office  
920 Main Campus Drive Suite 200  
Raleigh, NC 27606

LICENSE/CUSTOMER NUMBER	EXPIRATION DATE	AMOUNT	DATE RECEIVED
3278779 21-A-0160	16 APRIL 2013	\$10.00 \$350.00	22 MAR 12 SB 16 APR 12 VMC

1. NAME OF APPLICANT AND MAILING ADDRESS: (See Instructions)

CLASSY CREATIONS  
PO Box 194  
LYONS, NY 14489

COUNTY: Wayne TELEPHONE: 315 946 5261

2. ALL BUSINESS NAMES AND LOCATION ADDRESSES HOUSING ANIMALS:  
INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)

☐ Use additional sheet if necessary

248 Lasher Rd Clyde NY 14433

COUNTY: Seneca TELEPHONE: 315 946 5261

3. IF THE APPLICANT IS A CORPORATION, PARTNERSHIP OR OTHER BUSINESS ENTITY, LIST THE ENTITY'S PARTNERS OR OFFICERS AND AGENT FOR SERVICE OF PROCESS.

4. (A) PREVIOUS USDA LICENSE NUMBER: (if any)

(B) ACTIVE USDA LICENSE NUMBER IN WHICH YOU HAVE AN INTEREST:

NAME TITLE

5. TYPE OF LICENSE:

☒ Class A - Breeder ☐ Class B - Dealer ☐ Class C - Exhibitor

6. LIST YOUR 12 MONTH BUSINESS YEAR: (Calendar or Fiscal)

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	12	12	31	12

7. TYPE OF ORGANIZATION:

☐ Individual ☐ Corporation ☐ Partnership

☒ Other CLASSY CREATIONS EIN # 45-4688196

8. DEALERS ONLY - CLASS A OR CLASS B LICENSES MUST COMPLETE THIS BLOCK. (Class C Licenses go to Block 9)

9. EXHIBITORS ONLY - LIST THE LARGEST NUMBER OF ANIMALS THAT YOU HAVE HELD, OWNED, LEASED, OR EXHIBITED AT ANY ONE TIME DURING THE PREVIOUS BUSINESS YEAR. (9 CFR Sections 2.6 and 2.7)

CLASS A (BREEDER) - LINE "D" = 1/2 OF LINE "C"  
CLASS B (DEALER) - LINE "D" = LINE C LESS THE PURCHASE COST OF THE ANIMALS SOLD. (9 CFR Sections 2.6 and 2.7)

- A. ESTIMATE TOTAL NUMBER OF ANIMALS TO BE PURCHASED IN THE NEXT BUSINESS YEAR
- B. ESTIMATE TOTAL NUMBER OF ANIMALS TO BE SOLD IN THE NEXT BUSINESS YEAR
- C. ESTIMATE GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, COMMISSIONS, ETC.)
- D. ESTIMATE DOLLAR AMOUNT ON WHICH FEE IS BASED

DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
CATS	MARINE MAMMALS	WILD/EXOTIC HOOFSTOCK
GUINEA PIGS	FARM ANIMALS	BEARS
HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (Not listed elsewhere)
RABBITS	WILD/EXOTIC FELINES	TOTAL (All animals listed in Block 9)

### CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that the applicant is 18 years of age or older.

10. SIG

12. DATE:

3-19-12



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## APPLICATION FOR LICENSE (TYPE OR PRINT)

☐ RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

NOV 22 2010

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
21-B-0132	26-Nov-2010	AMOUNT	DATE RECEIVED
21709		540 <sup>00</sup>	22/NOV/10 UMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

KOMODO REPTILES  
Po Box 687  
Verplanck, NY 10596

COUNTY: WESTCHESTER TELEPHONE (914) - 788 - 8722

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

260 Madeline Avenue  
Verplanck, NY 10596  
County: WESTCHESTER

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Komodo Reptiles  
260 Madeline Ave  
Verplanck, NY 10596

PREVIOUS LICENSE NO.: 21-B-0132

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☒ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0	1	0	9	1	2	3	1	0	9

8. TYPE OF ORGANIZATION

☐ Partnership ☐ Corporation ☐ Individual  
☒ Other (Specify) Sole Proprietorship

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

David Prada Owner

260 Madeline Ave  
Verplanck, NY 10596

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = % OF LINE 'C'

CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals) (List  
Species and No.)

### CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

13. NAME AND TITLE (Type or Print)

14. DATE

David Prada Owner

11/17/10



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

## APPLICATION FOR LICENSE (TYPE OR PRINT)

X RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO.  
21-B-0155  
36569

RENEWAL DATE  
14-Sep-2011

FEES

AMOUNT

\$560.00

DATE RECEIVED

3 AUG 2011

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Bio Link Inc  
P.O. Box 715  
Liverpool, NY 13088

COUNTY: Onondaga TELEPHONE (315) 458-7406

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

4641 Crossroads Park Drive  
Liverpool, NY 13088  
County: Onondaga

TELEPHONE 315 458-7406

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

BIO LINK INC.  
P.O. BOX 715 LIVERPOOL, NY 13088  
PREVIOUS LICENSE NO.: 21-B-0155

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☒ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

- ☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

8. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
0	9	7	4	1	1

8. TYPE OF ORGANIZATION

- ☐ Partnership ☒ Corporation ☐ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

(DDT)

ADDRESS

(DDT)

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.8)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals) (List  
Species and No.)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12

(DDT)

13. NAME AND TITLE (Type or Print)

(DDT)

14. DATE

8/2/11



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE- OFFICIAL USE ONLY

## APPLICATION FOR LICENSE (TYPE OR PRINT)

☐ RENEWAL

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

LICENSE NO./CUST NO  
21-B-0161  
39961

RENEWAL DATE  
28-Oct-2009

FEES  
AMOUNT DATE RECEIVED  
\$40.00 14 Sept 09 Vme

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
HOLLYS HOUNDS LLC  
3300 Chambers Rd P O Box 5202  
Horseheads, NY 14845

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
3300 Chambers Rd Arnot Mall  
Horseheads, NY 14845  
County: CHEMUNG

COUNTY: CHEMUNG TELEPHONE (607) 796-5117

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☐ A - Dealer (Breeder) ☒ B - Dealer ☐ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

7. NATURE OF BUSINESS (Check item that describes nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☐ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru ☐ K - Pet Store ☐ L - Broker  
Zoo

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR						
0	1	0 8	1	2	3 1 0 8						

8. TYPE OF ORGANIZATION

☐ Partnership ☒ Corporation ☐ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Holly Patelwala Owner

Same

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = % OF LINE 'C'

CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE  
LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST  
BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM  
REGULATED ACTIVITIES (SALES, BOOKING FEES,  
COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC  
MAMMALS

OTHER (i.e., farm animals) (List  
Species and No.)

### CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE (Date)

13. NAME AND TITLE (Type or Print)

14. DATE

Holly Patelwala Owner

9-7-09

(Previous editions are obsolete)

(JAN 1995)



According to the Paperwork Reduction Act of 1980, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132.2143), and the applicant is in compliance with the standards and regulations Section 2133.

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE (TYPE OR PRINT)

X RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE  
Eastern Region  
920 Main Campus Drive  
Suite 200  
Raleigh, NC 27606-5210  
(919) 855-7100

JUN 05 2012

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
21-A-0154 326174	28-Jun-2012	\$235.00	5 JUNE 2015

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Twilight Valley Toys  
P.O. Box 114  
Lyons, NY 14489

COUNTY: Wayne TELEPHONE (315) 406-2068

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)

442 Reed Road  
Clyde, NY 14433  
County: Wayne

TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> A - Zoo                | <input type="checkbox"/> B - Aquariums   | <input type="checkbox"/> C - Auction      |
| <input checked="" type="checkbox"/> D - Breeder | <input type="checkbox"/> E - Pets        | <input type="checkbox"/> F - Roadside Zoo |
| <input type="checkbox"/> G - Circus             | <input type="checkbox"/> H - Animal Acts | <input type="checkbox"/> I - Carnival     |
| <input type="checkbox"/> J - Drive thru Zoo     | <input type="checkbox"/> K - Pet Store   | <input type="checkbox"/> L - Broker       |

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY	YEAR
6	1	0	1	2	1	2	3	1	1	2	

8. TYPE OF ORGANIZATION

- ☐ Partnership ☒ Corporation ☐ Individual  
☐ Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Regina Horning Owner	442 Reed Rd Clyde NY 14433

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/4 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS

RABBITS

CATS

NONHUMAN PRIMATES

GUINEA PIGS

MARINE MAMMALS

HAMSTERS

WILD OR EXOTIC MAMMALS

OTHER (i.e., farm animals) (List Species and No.)

CERTIFICATION

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE

(Initials)

13. NAME AND TITLE (Type or Print)

Regina Horning Owner

14. DATE



U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ NEW LICENSE

# 326174

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO:

USDA, APHIS, AC  
920 Main Campus Dr  
Suite 200, Unit 3040  
Raleigh, NC 27606

LICENSE NO.

21-A-0154

RENEWAL DATE

28 JUN 2012

FEES

AMOUNT

\$10.00

\$120.00

DATE RECEIVED

16 JUNE 2011

27 JUNE 2011

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Regina Z. Horning  
PO Box 114  
Lyons NY 14489

COUNTY: Wayne

TELEPHONE 315-406-2068

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Twilight Valley Toys  
442 Reed Rd  
Clyde NY 14433

COUNTY: Seneca

TELEPHONE 315-406-2068

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

☒ A - Dealer (Breeder) ☐ B - Dealer ☐ C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

☐ A - Zoo ☐ B - Aquariums ☐ C - Auction  
☒ D - Breeder ☐ E - Pets ☐ F - Roadside Zoo  
☐ G - Circus ☐ H - Animal Acts ☐ I - Carnival  
☐ J - Drive thru Zoo ☐ K - Pet Store ☐ L - Broker

5. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	11	06	12	30

8. TYPE OF ORGANIZATION

☐ Partnership ☒ Corporation ☒ Individual  
☐ Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE

ADDRESS

Regina Horning owner  
442 Reed Rd  
Clyde NY 14433

442 Reed Rd  
Clyde NY 14433

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED  
IN THE LAST BUSINESS YEAR

TOTAL NO. OF ANIMALS SOLD  
IN THE LAST BUSINESS YEAR

TOTAL GROSS AMOUNT DERIVED  
FROM THE SALE OF ANIMALS

DOLLAR AMOUNT ON WHICH FEE IS  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

## CERTIFICATION

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12. SIGNATURE

[Redacted Signature]

13. NAME AND TITLE (Type or Print)

Regina Horning Owner

14. DATE

5-16-11